PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/780.340

	• . •	CLAIMS A	S FILED (Column		(Column 2)			SMALL E	יודא	OR	OTHER	
TOTAL CLAIMS			51		•			RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	5/ minus 20=		3/		÷	X\$ 9=		OR	X\$18=	558
INDEPENDENT CLAIMS			7 minus 3 =		4			X43=		OR	X86=	344
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				•	-145=	•	OR	290=	
• If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL	 -	OR	TOTAL	1672	
CLAIMS AS AMENDED - PART II 1-12-07 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total '	. 51	Minus	(<u>51</u>	-\		XS 9=		OR	X518=	
AME	Independent	· 7	Minus	•••	7	<u> - \ </u>	! [X43=		OR	×86≖	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	+145=		OR	+290=		
1,11,21,31,40,41,42,								TOTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								_		•		
AMENDMENT B	6/2/67	CLAIMS REMAINING AFTER AMENDMENT		HIĞHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.51	Minus	- 5/	/	- / ·	11	X\$ 9=		OR	X\$18=	
AMEI	Independent	• 1	Minus	- 7	•	J-/ .		X43=		OR	X86=	
	FIRST PRESE	NTATIÓN OF ML	ILTIPLE DEF	ENDENT	CLAIM		ا ا	+145=		OR	+290=	·
• •					•	•		TOTAL	• •	OR	TOTAL ADDIT, FEE	
		(Column 1)		· (Colum	in 2)	(Column 3)			•			
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total ·	•	Minus		•	3	l	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		.	!	X43=		ł	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!			OR		,
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
	** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20.' ***If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3.'									OR ,	TOTAL ODIT. FEE	
		ber Previously Paid					a' ton	id in the app	ropnate box	in cot	umn 1.	